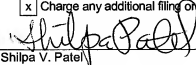


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 05986/100M536-US1	
Application No. 10/558,276-Conf. #3691	Filing Date November 18, 2005	Examiner A. Boesen	Art Unit 1648		
Applicant(s): Thomas Wisniewski et al.					
Invention: MUCOSAL IMMUNIZATION TO PREVENT PRION INFECTION					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	35	- 50 =	0	x 26.00	0.00
Independent Claims	4	- 3 =	1	x 110.00	110.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					195.00
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>305.00</b>
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ <u>305.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Shilpa V. Patel Attorney/Agent Reg. No.: 57,983				Dated: <u>June 30, 2009</u>	
DARBY & DARBY P.C. P.O. Box 770 Church Street Station New York, New York 10008-0770 (212) 527-7700					